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MENTAL HYGIENE MOVES FORWARD

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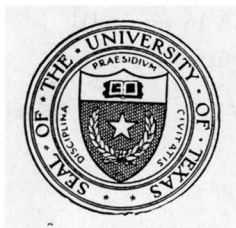
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The benefits of education and of useful knowledge, generally diffused through a community, are essential to the preservation of a free government.

Sam Houston

Cultivated mind is the guardian genius of Democracy, and while guided and controlled by virtue, the noblest attribute of man. It is the only dictator that freemen acknowledge, and the only security which freemen desire.

Mirabeau B. Lamar

Additional copies of this publication may be secured from the Division of Extension, The University of Texas, Austin; or from the Secretary of the Texas Society for Mental Hygiene, Dr. Evelyn M. Carrington, Sam Houston State Teachers College, Huntsville, Texas. Single copy, 20 cents, postpaid; ten or more at 15 cents per copy.

FOREWORD

I know of no single agency in the State that has done more to stimulate interest in the problems of mental hygiene and their solution than has this Society. A large part of this stimulation has come from the publication and distribution of the Yearbooks of the Society of which this is the third.

We of the Extension Division are glad to lend our whole-hearted coöperation in such an enterprise, in sponsoring the publication of the Yearbook. In so doing, we believe that we are in harmony with the purpose of Extension—viz., service to the State.

T. H. SHELBY, *Dean*
Division of Extension
The University of Texas

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THE HOGG FOUNDATION FOR MENTAL HEALTH

Without doubt the most significant event in mental hygiene in Texas during the past year was the transfer of the residue of the estate of the late Will C. Hogg to The University of Texas with the understanding that a large part of the income would be devoted to the promotion of mental health. The sum of money which will be available annually under this bequest is as yet unknown, but it is certain that mental health will share generously in the income from the property said to be valued at more than two million dollars. Since the gift is so recent and since the Regents of the University are given very wide latitude in administering the funds, plans for the specific program to be set up are yet to be formulated. The program contemplated is of such magnitude and importance that early in the present academic year Dr. Homer P. Rainey, President of the University, will assemble a committee to give intensive study to the problem. Among the members of this committee will be figures of national importance in mental hygiene.

Obviously, this gift would be of great significance to the State if it were merely a matter of strengthening the State's facilities for higher education. It is much more than this, however, for the statements made in announcing the gift clearly indicate that the foundation is intended to benefit rather directly the State as a whole. It adds resources of incalculable importance to mental hygiene in Texas and therefore in the Nation at large.

There is a personal element in this magnificent gift which should not be overlooked. William Clifford Hogg was the oldest son of James Stephen Hogg, former Governor of Texas, and Sarah Stinson Hogg. The son of one of the most illustrious public men of Texas, he carried forward admirably the family tradition of unselfish interest in the public welfare. Although a law graduate of The University of Texas, his main activities were in the field of business, in which he amassed a fortune. This fortune, however, he held in trust for the benefit of his fellow man. Many individuals and many civic projects have benefited from his philanthropy and civic-mindedness. In all his benefactions he shunned publicity.

This excerpt from a tribute by Irvin S. Cobb soon after Mr. Hogg's death gives the estimate of a close personal friend:

"I have lost my dearest friend and in losing him, have lost earthly contact forevermore with the most generous, the most kindly, the most valiant and the most lovable soul I ever knew anywhere in the world."

This then is the man whose public spirit and human interest made possible such a gift to the University for the promotion of public health. To tell the whole story, however, another chapter has to be added. In his will Mr. Hogg gave considerable discretion to his brother, Mike, executor of the estate to determine with the counsel of his sister, Miss Ima, the use to which the residue should be put. Three possibilities, neither of which mentioned mental hygiene specifically, were outlined. In the years which have elapsed since Mr. Hogg's death in 1930, the executor and his sister have given very serious thought to this provision of their brother's will, finally deciding to designate The University of Texas as the beneficiary and suggesting the field of mental health as one of the great needs of the State.

Thus the will of a great Texan, directed by the interest and insight of surviving members of the family, has established a foundation for mental health to be administered by the Regents of The University of Texas. The President of the University and the Board of Regents are in hearty accord with the purpose expressed in the gift and will give it able and conscientious administration. As the foundation operates in the long years ahead driving mists from clouded minds, alleviating anxieties of troubled souls, and preventing warped personalities, no one will be more deeply interested in its work than Miss Ima Hogg, whose counsel helped to set it in motion.

MENTAL HYGIENE IN THE FUTURE

GEORGE S. STEVENSON, M.D.

Medical Director, National Committee for Mental Hygiene

There is no question that Texas stands in a rather unique position for its mental hygiene interest. Its Child Guidance Clinic in Dallas was not only one of the pioneer clinics, but was really the first full-time clinic to be established in a community in relation to all the agencies of that community. Prior to that the Juvenile Court was the chief connection for such clinics.

The Clinic in Houston, which was developed over a four-year period of very careful preparation, has set a pace for us in step-by-step design and the integration of a clinic service into the community. It is a concrete expression of the fact that mental hygiene is achievable chiefly through a step-by-step process and only through community-wide efforts involving success in all agencies.

The Department of Psychiatry at the Medical School, if we can judge the pudding by its eating, must be one of our outstanding departments in this country since it has contributed so many progressive persons to the field of child psychiatry and mental hygiene. Even though universities have given mental hygiene service to their students for fifteen years, this development has been so slow that The University of Texas can still be considered a pioneer in spite of the fact that Dr. White went there but a year ago. It is also rather decidedly significant that the Department of Education of the University has given considerable leadership to mental hygiene in Texas.

Returning again to Houston, the broadening of the scope of the clinic there to include adults comes at a time when it is just beginning to be realized that adult service and mental hygiene consultation to agencies need all of the standards and safeguards that characterize a child guidance clinic. In fact, there are so many achievements within the confines of this State that it is doubtful whether an outsider can come in and express more than appreciation, for there are in Texas outstanding leaders that can very clearly blaze the trail.

There are, however, citizens in Texas who are not in any way eminent, who are not trained in mental hygiene, who perhaps have

never heard of mental hygiene, and yet who have more to say than your leaders or visitors. These citizens have been called crazy, shiftless, criminal and stupid, depending upon whether they have been the concern of the State hospital, the relief agency, the State prison, or the State institution for mental defectives. But each one of these citizens is, figuratively, pointing a finger in directions that tell the mental hygiene society what roads to take. Whether we can understand what these people are telling us depends upon our intellectual acuity and experience, but it behooves us to give marked attention to their pointing.

Let us, for example, look at the mentally ill, walk about the wards of the mental hospital and discover what patients have to say. Here is a patient who is pointing to the new doctor on the ward. This doctor has had no previous experience in psychiatry, and no provision is made in his supervision for the acquisition of such experience. The patient indicates that he has had a label attached to him and has been carefully tucked away with his label with the idea that the job on him is completed. This new doctor finds himself faced with hundreds of patients depending entirely upon his judgments—patients with problems of such extreme complexity that the life record of every one of them is a novel in itself.

Here is another patient who is also pointing. We note very little wrong with him, and a mental examination will reveal him to be apparently normal. But as he points backwards into his past, we find a record of alcoholism, of periodic alcoholic outbursts, of homicidal attacks upon his wife, of commitment, rapid recovery, discharge, breakdown, commitment, recovery, discharge, and so on to the present day. Today his discharge is held up on the claim that adjustment within the hospital is not a recovery, and on the fear that without the help of social service, his breakdown again in the community is certain. Parole, i.e., giving his word to be good, is of no value. Social service would give him distinct help. An extension of the hospital in the form of a clinic would give him added support. And so this patient is pointing toward the need of the hospital to relate itself more closely to its community.

Here's another patient. He is pointing back to the time when his mother died and he suffered a succession of gastro-intestinal upsets until he finally "went to pieces." He is pointing back to the family doctor who did not see beyond his stomach because he was not

taught in his medical school to see that he was dealing with a patient as well as with a stomach. He is pointing back to an over-solicitous mother who recognized her child as "nervous," but had no clinic at which to get help. He is pointing back to the school teacher who recognized him as retiring and unproductive, but who did not include an understanding of him in her concept of educational responsibilities.

Let us leave the State hospital and visit the clients of relief agencies. We find them pointing in very much the same directions—to their childhood, to their parents and home, and to their schooling. And we come to feel that it is perhaps a matter of chance that throws one of these persons in the direction of the hospital and the other upon relief. And in the court we are again surprised that we are not really dealing with different types of people. The patient in the hospital has said, "I will make the grade even if I cannot," but he does it in his imagination. In the relief agency he says, "O.K., you take over the job." And in the court he has said, in the face of a need, "Why should I worry so long as I can get away with it?"

All of these persons are pointing to what we might do to prevent these social problems. But their pointing is much more significant than merely the saving of their lives and the saving of the few dollars that it takes to maintain them. The influences that they have broken under are bearing down upon all people, and even those of us who do not break are harassed by them and our lives are impoverished. These people are really pointing to things that are important to us for ourselves, and to us they are minor ailments whose causes we cannot often detect. These broken-down people whom we have studied are like microscopes that reveal influences that are difficult to detect in the normal. They show the importance of the family, the importance of physical health, of economic status, of individual differences, of play, and thus show that our problems are not the result of one cause, but grow out of a multiplicity of loaded factors.

The child who comes from a broken home has a loaded factor in his background. If he has not too many of these, he may make the grade. If the loaded factors weigh too heavily, he goes down.

The mental hygiene society is an instrument for defining and doing something about these factors. The interlocking causes of

problems are so intimate that seldom can they be handled individually. The establishment of a child guidance clinic or a playground or a child placing agency is worth while only in so far as it affects the whole community. And so a mental society in its concern for these loaded factors must become an instrument of community organization on a broad scale, drawing on such resources as may contribute to the final achievement. But it recognizes that, in the event of success, it has played only a part role and that the credit for the achievement must therefore be a partial one—the willingness to share credit being a recognition of the only realistic basis upon which progress can be made in greatly modifying the loaded factors that distort the lives of people.

THE VISITING TEACHER BILL

As a result of the efforts of Dr. Talma W. Buford, First Vice-President and Chairman of the Legislative Committee of the Society, a bill, known as House Bill No. 294, was introduced in the last session of the Legislature of the State of Texas. This bill was ably sponsored by Hon. T. D. Wells and others in the House and by Senator A. M. Aikin, Jr., Chairman of the Committee on Education, in the Senate. The bill passed the House and was placed on the Senate calendar after a favorable report by the Senate Committee on Education. There it remained at the end of the session, along with many other bills, because of a filibuster in no way related to this bill. Its sponsors are agreed that it would have passed easily if it had ever reached the floor.

Because of its importance to the cause of mental hygiene in the State, the text of the bill as amended in committee is given below: H. B. No. 294.

A BILL

TO BE ENTITLED

AN ACT authorizing the Boards of School Trustees of Independent School Districts and County Boards of School Trustees to employ visiting teachers and school psychologists, setting forth qualifications of visiting teachers and school psychologists, prescribing their duties, defining their status, and prescribing how they should be paid; providing a saving clause, repealing all laws or parts of laws in conflict herewith, and declaring an emergency.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. *Independent School Districts May Employ Visiting Teachers and School Psychologists.* Boards of Trustees of Independent School Boards and County Boards of School Trustees are hereby authorized and empowered to employ visiting teachers and school psychologists, whose duties shall be to assist in the prevention, diagnosis and treatment of educational maladjustments and behavior difficulties.

Provided that nothing in this bill shall ever affect the affiliation or classification of schools, and provided further that no State aid may be granted to or withheld from any County or district because of the fact that they have not availed themselves of the services of a visiting teacher or teachers or a school psychologist or psychologists.

Provided further that none of the provisions of this bill shall ever be construed by departmental rulings or otherwise to compel county school boards or boards of common school districts, or boards of independent school districts now in existence or to be created, to employ such visiting teachers and/or school psychologists.

SEC. 2. *Qualifications of Visiting Teachers and School Psychologists.* Visiting teachers and school psychologists certificates shall be granted to persons qualified therefor, on such basis as may be prescribed by the State Board of Education, provided that certificates shall not be granted nor issued to persons having less than the equivalent of four (4) years' training above high school, at least one (1) year having been devoted directly to preparation for the work for which they are certified. Provided also that the training of persons certified as visiting teachers shall include general and specialized social case work, and that the training of persons certified as school psychologists shall include the theory and practice of educational measurement and diagnosis. Provided, however, that nothing in this Act shall prevent regular teachers from performing such special duties as their teaching may require.

Provided further that any teacher employed by the first of September, 1939, who does not then meet the educational qualifications herein, shall have three (3) years after this Act goes into effect within which to meet the qualifications herein set forth.

SEC. 3. *Status of Visiting Teachers and School Psychologists.* Visiting teachers and school psychologists shall be regarded as members of the teaching staff, with special duties of their respective districts, when employed by independent school districts, and as members of the teaching staff of the school, with special duties, under the supervision of the County Board of School Trustees when employed by County Boards of School Trustees.

SEC. 4. *Salaries of Visiting Teachers and School Psychologists.* Visiting teachers and school psychologists' salaries shall be set by the County Board of School Trustees and such salaries may be paid from the general funds of the county in which they are employed or such salaries may be paid from State and County available funds and/or local funds, by the Board of Trustees of the Independent School Districts so employing them, when employed by Independent School Districts; and visiting teachers and/or school psychologists may be paid from State and County available funds and/or local funds of all the school districts under the supervision of the County

Boards of School Trustees when employed by County Boards of School Trustees.

SEC. 5. *Proration of Salaries by Districts of Counties.* When visiting teachers and/or school psychologists are employed by County Boards of School Trustees, their salaries shall be prorated to the several districts of such counties which are under the supervision of the County Board of School Trustees, but their salaries shall be prorated to the several districts of such Counties and under the supervision of the County Board of School Trustees in proportion to the total number of scholastics in each district so served by the visiting teachers so employed.

SEC. 6. *Saving Clause.* If any section or part of any section of this Act shall be declared unconstitutional, such decision shall not affect the validity of the remaining sections or portions, and such is hereby declared to be the intention of the Legislature.

SEC. 7. *Repealing Clause.* All laws or parts of laws heretofore enacted that conflict with provisions of this Act are hereby expressly repealed to the extent of such conflict.

SEC. 8. *Emergency Clause.* The fact that this measure is of great importance to the State of Texas, and the further fact that there is no provision at present permitting the employment of visiting teachers and school psychologists, as heretofore set out, creates an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days is hereby suspended, and this Act shall take effect and be in force from and after the date of its passage, and it is so enacted.

Since visiting teachers and school psychologists are so few in Texas, a word of explanation is in order. A visiting teacher is a combination of teacher and social worker. He—the masculine pronoun is used in the general sense—brings to the school the techniques of the trained social worker. It is his business to make out-of-school contacts and to assist in various ways in solving the problems of individual pupils. He works with the home, the court, civic organizations, the school, and various agencies in the community to obtain a better understanding of individual cases and then to assist in carrying out the necessary remedial measures, which frequently lead one far from the schoolroom itself. He has a background of social understanding, knows the technique of the interview, and is skilled in helping people with personal problems.

The school psychologist is likewise skilled in investigating the needs of individual children. His duties lie, in part, in the field of measuring and estimating abilities, interests, and attitudes. He collects and interprets information of basic importance in counseling and in guidance. He advises remedial procedures in many instances and helps toward a reformulation of objectives in others.

Both of these specialists assist the regular school staff. They are not proposed as substitutes for teachers or other workers in the schools. They perform services which other members of the staff are unable to do because of lack of special education or lack of time. Moreover, their work is constructive. They do not merely classify and label; they are part of an organization to bring to each child so far as possible just the educational opportunity which he needs most. Their services are of value not only to the "problem" child, but to all children.

Visiting teachers and school psychologists render a greatly needed but often neglected diagnostic service in the schools. It is obvious that intelligent dealing with the difficulties of individual children requires first of all a careful diagnosis. In many cases this is anything but easy. Human nature is extremely complicated and often difficulties which seem at first to be the same really come from very different causes.

In spite of these facts, school systems generally have neglected to develop a diagnostic service of sufficient scope to keep pace with their needs and with the advance of knowledge. Some have gone a long way to establish special schools into which are brought the most difficult problems of the whole school system but have failed to set up any organization at all for diagnosis. Such a situation in medicine would be sufficient to convict the doctors of malpractice!

It is certain that one of the developments in education within the immediate future will be increased emphasis upon the individualization of education. The clinical service of visiting teachers and school psychologists is a part of this program of individualization.

Visiting teachers and school psychologists can not be made simply by conferring the respective titles. Each field is a specialty requiring definite and extensive training—just as are specialties in medicine and engineering. In anticipation of an increase in the number of positions available, it is hoped that competent young people will be encouraged to prepare for them.

MENTAL HYGIENE IN MODERN LIVING*

PERRY HALL

Assistant Superintendent of the Family Service Bureau of Houston

I am starting this discussion with the assumption that we are all interested in mental hygiene but that many of us are vague as to exactly what constitutes mental hygiene. Of course we would all be sure that our own particular activity is one of the more important phases of mental hygiene, whether we are physicians, lawyers, clergymen, teachers or caseworkers. At times it seems as if we have more differences than likenesses and yet we probably could all agree that we share a common interest in those things which make it possible for individuals to live more satisfying and effective lives. And that definition might cover the range from intensive psychiatric treatment of a maladjusted individual to the provision of better housing. Granting that as our common aim and interest, there are certain basic mental hygiene concepts which are shared more or less completely by us all.

(At this point a statement was read quoting some basic mental hygiene concepts formulated by Clara Bassett.—Ed.)

I suppose we could say these same things (included in the statement read) more quickly by saying that we are all interested in those things which might make the world a place that produces fewer people who need patching up service in any form from medical and psychiatric treatment to casework treatment. Incidentally, I wonder whether we are convinced either that our efforts will be relatively ineffectual or else that we will still be needed in even a much more perfect world, for I cannot believe that we are so lacking in self interest that we would willingly destroy ourselves.

As mentioned earlier, it is inevitable that each one of us should see the importance of that particular segment of the picture with

*Mr. Hall's paper was read at the afternoon meeting of the Texas Society for Mental Hygiene, April 19, 1939. The paper was discussed by Dr. James P. Molloy and Dr. Paul White. Dr. L. R. Brown presented a paper on the "Mental Hygiene Needs of Texas." This paper was discussed by H. T. Manuel, Mrs. Violet Greenhill, and Carl Basland. It was hoped that the entire symposium might be presented in the *Yearbook*, but two of the papers were not available.—Ed.

which we are most directly concerned. Yet I think that we are facing common problems. We are primarily concerned with people; so let us take a family to illustrate our discussion. Since my own connection is with a family casework agency, Mrs. Camden, who's now being seen there, can be used. She is 25 years old, a brunette of medium build, whose main impression on you would be that she is worn out. She talks and walks as if she were mentally and physically tired. She has been separated from her husband for about three years and has been supporting her three children, who are now 9, 8, and 6, by irregular work in various stores and cafes. She was married at the age of 15, she frankly says, as a means of getting away from a difficult home with a domineering tyrannical mother and a weak ineffectual father. She had no desire to have these children but insists that she will be a good mother to them now that they are here. And so the children get a forced perfunctory attention until they get too much for her—when she gets home from work all tired out. "Sometimes I feel so bottled up, when things go wrong, that I just sit down in the middle of the floor and beat my feet and scream." Evidently her temper tantrums may serve as good working models for the children.

There are certain things that casework can offer in this situation which may alleviate it. We can develop a relationship with Mrs. C. which will give her some security and release of feeling. Perhaps enough release so that she will not get quite so pent up and may not have to explode in temper tantrums which are also damaging to the children. We can offer some financial help for certain items in order to make it more possible for her to meet her needs and we can explore possibilities of increasing her income, and help her make use of certain community resources of recreation and health care with which she is not familiar. Meanwhile her continued exploration of her own feelings and plans may indicate the need for placement of these children. It may be noted that these casework services for this situation are based on mental hygiene concepts. And Mrs. C. illustrates the type of situation in which an individual makes use of a casework contact at a family agency which involves certain principles borrowed from psychiatry, while that same individual may reject contact with a psychiatrist or a clinic which involves more directly facing her responsibilities on a different basis. But granting that these alleviating services are available for this particular family, it seems to me these problems

are symptomatic of the problems we are all facing. The causation of situations of this kind is far from the immediate past and their effects are far more than the immediate future.

Mrs. Camden left school at 14 after irregular attendance in a poorly equipped country school. It would seem that mental hygiene has a stake in this simple fact. How many immature adolescent girls of 14 left our schools last year, poorly equipped for anything in the way of living? While we cannot put the entire responsibility upon the school, would we be safe in saying that the more adequate and successful the school the greater the chance of the individuals it serves of being able to develop and to function to the limit of their capacities? We are not talking of Mrs. C. alone in this regard—for these C. children represent the raw materials which make up our school enrollment. Here is a home which is inadequate in love, security, stability, and affection. How much can the school offer in the way of opportunity for achievement, and recognition, in affection and interest, in objectivity and intelligent limitations, which will balance in some degree these inadequacies? It seems clear that the lacks of the home can be less deforming and serious if other areas of the child's life experience are fuller and more satisfying. We are implying here, too, something more than a different set of rules to which the children must conform—rather a sympathetic understanding and application of rules, so that when temper tantrums appear in the C. children they may be dealt with in view of their causes as well as their disturbing effect on the classroom.

The family relationships in the Camden family are probably not as uncommon as we might wish. Here is a mother who tolerates rather than welcomes the part her children play in her life. We might speculate that it is probable that due to ignorance and lack of facilities she probably had little choice in having these children. And the question might be raised as to whether this question of pregnancy is not one in which mental hygiene has a stake, at least to make it possible for mothers to make a choice in the matter. But facing the actuality which numbers of children must continue to face of being unwanted and rejected, we also can see that rejection may be much more serious for some children than others. For the mother in the upper economic group who feels as Mrs. C. does can have servants to do the labor of daily chores for the youngsters.

And even though we feel that the absence of a strong positive relationship with mother may be serious for well-to-do children too, at least they are spared her obvious irritation and anger. Even a good mother in Mrs. C.'s situation would probably find herself hard pressed, working a full day and carrying on her functions as homemaker and mother when she is already physically fatigued. It is obvious that it is almost to be expected that these Camden children will feel insecure and that they may well emerge as crippled personalities.

And to consider one more obvious predominant factor—due to her lack of vocational skill, and the prevailing wage standards for unskilled work, this woman is not now able to earn enough to maintain an adequate income for her family. She will probably scrape by at any given time—scrape by until the children show up as slow in recovering from colds due to a deficient diet, or as suspicious tuberculars in adolescence, or as another girl of 15 who will marry early to escape her unsatisfactory home life. We might wonder how much we can do in other aspects of mental hygiene while our material with which we work is being prepared in this way.

Incidentally, it seems to me that this question of security is a real one for every group in our population. Dr. Henry Busch, a nationally known leader in groupwork, commented in Houston two weeks ago that he is finding the topic of security—*i.e.*, how can I provide for myself and my family against insecurity—appearing for the first time in that form in the questions that young people of all economic groups want to discuss in their panel discussions. Even though we know that economic changes alone will not satisfy that yearning and even though we might question if we want it too fully satisfied, the fact remains that long-continued fears and insecurity do not leave freedom for development.

That statement brings me to the conclusion of this paper. We as psychiatrists, teachers, caseworkers, clergymen, and lawyers, are trying to help people to be better able to meet their own life situations. We have come some way in understanding a part of how to help people to become more effective. But even a healthy personality who is faced by insurmountable obstacles may do rash and destructive things. This would not be the first paper dealing with mental hygiene which might point out that persons long denied security may grasp at promises and an illusion of security. It has

commonly been spoken of in terms of political ideologies—of democracy as compared with a totalitarian government—but it might be thought of as the contrast between personalities who still can make reasoned choices and those who under pent up frustration have given over their choices to others in the hope that they will gain their goal.

Without going further into world history, we might conclude that those concerned with mental hygiene have a job to do in building toward more livable communities in order that we may have to spend less time in patching. Medicine has reached the conclusion that public health work, *i.e.*, preventive work, decreases sickness. Can we act on the same conclusion in our field?

DISCUSSION

PAUL L. WHITE, M.D.

Health Service, The University of Texas

Mr. Hall has very ably indicated the range of mental hygiene interest and activity, and in the case of Mrs. Camden has very aptly illustrated mental hygiene in action in family case work. I should like to call your attention to another situation wherein security plays an important role.

Into my office comes Miss Bell. She has been asked to see the psychiatrist because of a complaint of inability to sleep. She is a young woman, twenty years of age, a junior in college, rather attractive, and a master in the art of make-up, having so skillfully applied her cosmetics that tension can hardly be recognized. As she sits down, however, and begins her conversation, it is evident that she is tired, for her whole demeanor suggests weariness. She is quite willing to coöperate and eager to talk about herself. She states that she has maintained a very good average in her college work until recently, when she has noticed a decided slump. A complete schedule of her daily activities reveals many interests, chief of which seems to be her participation in the social group to which she belongs. In her effort to raise the standard of this group to one which she feels will be satisfactory, she is taking part in several extracurricular activities, and at the same time is endeavoring to further what she considers the most important aspect of her college life—her friendship with the men students. It would be impossible to give her complete history in this discussion; it should suffice to say that she is physically in good condition, intellectually capable, is under no financial strain, and that her course of study is not too

difficult. She is not disturbed by any serious affairs of the heart. In fact, her attitude in most respects seems rather wholesome. The outline of her daily activities indicates that she has at least one morning engagement for coffee, sometimes two; one or two afternoon engagements with men; and always an engagement for the evening. During the course of the day, she usually consumes from four to six cups of coffee with an occasional Coca-Cola, and in addition to the caffeine which she gets in this manner, she sometimes takes a proprietary drug consisting largely of caffeine, to keep her awake for late studying. This young woman is suffering from a feeling of insecurity which drives her to such an extremely active social life, and which sooner or later makes it impossible for her to carry on.

I am inclined to agree with Mr. Hall that we should do more and have fewer breakdowns, but I feel that there are many who, on the other hand, might do less and prevent more breakdowns. It is undoubtedly true that speed, with its accompanying restlessness, is all too often the shibboleth of modern living; that the accelerated tempo of life today inevitably increases the complexity of the demands made upon the individual; and that from this complexity arise many problems of mental hygiene.

Mr. Hall has very forcefully shown that maladjustment results from many causes; that there is a necessity for evaluating all the elements contributing to the patient's lack of adjustment; and that for adequate understanding of an individual's problem we must be familiar with a cross section of his personality. Adolf Meyer has very happily termed the process of obtaining this cross-section subject organization. Nor is this enough. We must also investigate the patient's personality organization. Only with all the facts thus obtained and evaluated can we be in a position to help the maladjusted patient.

The psychiatrist is often able to relieve or to alter a situation which has induced the patient's maladjustment. When, however, the painful situation cannot be relieved, he must attempt to alter the patient's attitude. Insistence upon a sane division of the individual's time between work, rest, and recreation and the resulting establishment of a hygienic program for daily living will go far toward assisting the maladjusted individual in working out his problem, whether it be a housing problem such as confronted Mrs. Camden, or the drive for position in her group that was consuming all the energies of Miss Bell.

DISCUSSION OF DR. BROWN'S PAPER
"MENTAL HYGIENE NEEDS OF TEXAS"

I

H. T. MANUEL

Professor of Educational Psychology, The University of Texas

Dr. Brown has ably presented certain needs of mental hygiene in Texas from the point of view of the specialist in mental diseases. I shall try to supplement this from the field of my special interest—education. One person in 400 is now in a hospital for mental diseases in Texas; one in 750 is in a State correctional institution. A survey in another state estimated that one in 22 of the population would at some time be a patient in a mental hospital. Nearly all, however, are or have been enrolled in school, and it is of the needs of these that I wish to speak.

No one will deny that there is urgent need to prevent the waste of human resources and happiness which comes from serious mental disease. There is need also to prevent the inefficiency, maladjustment, and unhappiness which come from minor disorders. Every one at some time needs assistance in personality development. I speak in behalf not only of the one in 22 who will be mental patients, but of the other 21 as well.

The schools need teachers who are themselves mentally well adjusted, as Dr. Brown has emphasized. They need also much more in the way of equipment and preparation for artistic teaching. In many cases the poor home in which the child must live is matched by a poor school. The result is that the child never has a fair chance to develop normally.

Another need is the development of clinical facilities *within the schools* to give capable assistance in dealing with problem children and to advise and lead the staff in mental hygiene and in the individualization of education. The school psychologist and the visiting teacher must be brought into the schools in greater numbers.

Finally, teachers themselves need more education in mental hygiene, and for this purpose the mental hygiene facilities of teacher-education institutions need to be greatly improved.

II

VIOLET S. GREENHILL

Chief of Texas Division of Child Welfare

Mental hygiene as defined in our medical dictionaries, is the science which deals with the development of healthy mental and emotional reactions and habits. Some psychiatric authorities refer to mental hygiene as "preventive psychiatry" and define it as an organized attempt to reduce the incidence of mental disease and defect.

Therefore, the need for mental hygiene is firmly established and only awaits our formula for vitalizing it. The psychologist may classify a personality and once determining the level, may safely steer the wavering emotionally unstable individual to a harbor of safety. Not only this, but there may be saved to the community this individual as an asset rather than allowing one more liability for the community.

Mental hygiene, therefore, in reducing the incidence of the ever increasing mental disease and defect, is helping to reduce the demand for more hospital and training school facilities, is increasing human happiness and stabilizing the community. There is a need for intelligent guiding of the retarded child in the school, and especially in some vocational subject. There is need for workers and teachers who are not only trained in preventive psychiatry but who have caught the enthusiasm of being a party to the successful adjustment of a considerable part of childhood. Mental hygiene-therefore, belongs to the field of effort prior to any hospitalization or training school. The hospital and the school provide their own specially organized staffs of psychiatrists, psychologists, teachers, and workers. The fact that Texas institutions may not be so well staffed as some eastern institutions, is not the fault of the small number of persons on duty, but is due to reduced available funds for the work. A program of education by this organization would be of untold help in bringing before our citizenship the glaring need now confronting us.

I am sure we will agree that there should be more adequate training for teachers from the psychological, physiological, and sociological point of view. In order to be helpful through understanding

the child there should be a better knowledge of "what he is to be adjusted to" if and when he is obviously unadjusted. It seems to be the consensus of opinion that mental health should be the concern of the psychologist and psychiatrist when in reality deep therapy is not always necessary. The school teacher plays a vital and important part in the life of American childhood, and is therefore in a position to create attitudes to bring about mental health.

We have done a bit of cursory work in Texas, but we are not able to make any comparison with the accomplishments of other states now far advanced in the work. To go forward, we must not fold up with the close of this meeting until we meet the next time, but there must be something in the way of education carried on in the meantime.

III

CARL BASLAND

Bureau of Classification, Texas Prison System

Dr. Brown has told us of some of the work done in Texas institutions for the mentally sick. He has indicated that there is great need for mental hygiene work in the case of inmates of these institutions prior to their commitment and after their release. This is one more need for mental hygiene to add to the numerous others that have been pointed out from time to time.

Because of the generality of these situations which are demanding the attention of the mental hygienist, it would appear that this field should be given more emphasis in the field of education. In this manner, it would soon be carried into our school practices. Many of the "problem children" of our schools might then be diverted from the paths that eventually lead them to the reformatory, and the penitentiary. Some might argue that a great deal more needs to be known about mental hygiene before this could be made practicable; but this is not altogether true, because there are many community resources open to the teachers of today if they wish to use them. In the case of schools where no provisions are available for psychometric testing, aid might be obtained from our colleges through psychologists or graduate students in psychology. In the case of the problem child, considerable help might be obtained from the county probation officer and the social worker

from the county welfare associations. Such resources as these are already available and advantage should be taken of them, and our child guidance clinic services should be made available to the children from rural areas. Perhaps the strongest argument that could be used on this point is the story told today about the child whose problem developed from an inability to read properly—so simple and yet so complicated a situation as that. It would appear that less emphasis needs to be placed on Latin and square root and more on how to make a living and how to live.

Mrs. Greenhill has pointed out that Texas has a large number of boys and girls at our reformatories at Gatesville and Gainesville. We have over 7,000 inmates in the Texas Prison System. Experience has shown that many of the inmates from these various institutions will prove to be failures. We need to take stock and to see what mental hygiene can offer to assist on this problem.

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The National Committee for Mental Hygiene is now thirty years old. In its early days its activities were directed largely toward the improvement of the hospital treatment of the mentally ill. When this movement was launched, most hospitals for mental diseases were "asylums"—places of refuge, where the afflicted might be cared for until death relieved them of their suffering. Relatively little was known about mental diseases and relatively few "inmates" of the "asylums" were ever cured. Today, the situation is very different. Psychiatry is an established branch of medicine, and "asylums" have become hospitals. In some of the better hospitals about fifty per cent of the cases recover fully or at least sufficiently to take up their usual life again.

Let no one think, however, that the battle for proper care of the mentally ill has been entirely won. Much of the public holds mental disease still in superstitious regard. Many hesitate to seek the help they need because of the stigma they think attached to mental disorder. Many hospitals are so poorly equipped and staffed that they cannot give the highest kind of service, and psychiatry itself has much yet to learn.

Within recent years a great deal of the energy of the National Committee has gone into prevention. It has fostered child guidance clinics and mental health centers, and has carried forward an educational program. This, of course, is of vital importance, for prevention is always better than cure. The need is staggering when one is confronted with the statement that one person in twenty enters a mental hospital at some time in his life and that one in ten becomes mentally ill.

Activities of the National Committee are summarized in an interesting manner in a booklet, "The Mind of Tomorrow," which may be secured from the national office, 50 West 50th St., New York City. The committee is described as "a volunteer organization of physicians and laymen working to promote interest and action throughout the United States for the Prevention and Control of Mental Illness and the Conservation of Mental Health." A little idea of the extent of its activities may be obtained from the fact that its budget for the year 1938 was approximately \$200,000.

Within the Committee the Division of Psychiatric Education fosters a program, inaugurated in 1931, to improve and extend the teaching of psychiatry in medical schools. The Division of Hospital Service carries forward the pioneer work of improving the hospital care of the mentally ill. Child guidance and community mental health clinics are assisted through the Division of Community Clinics. The School Studies Division, organized about five years ago, is interested in preventive work among children in the public schools. In addition to the activities suggested by these Divisions, the Committee carries on a vigorous program of research and education. Its study of dementia precox (schizophrenia) is an illustration of its research activities, and its publication of the quarterly journal, *Mental Hygiene*, an illustration of its work in general education.

ESSAY CONTEST

The Texas Society for Mental Hygiene is offering as a phase of its program for the year 1939-40 a fifty (\$50.00) dollar award for the best essay on either of the following subjects:

1. MENTAL HYGIENE AND EVERYDAY LIVING
2. MENTAL HYGIENE IN EDUCATION

Rules Governing the Essay Contest

1. This contest is open to all *bona fide* college students of the State of Texas who have not yet been awarded graduate degrees. The contest closes January 15, 1940.
2. All essays must be the original work of the contestants under whose names they are submitted. Quoted matter must be credited to its source.
3. Essays must be approximately 2,500 words and must be written on one of the two subjects listed above.
4. Essays must be typed on one side only of letter-size paper.
5. No manuscripts can be returned. Decision of the judges will be final, and all manuscripts submitted will become the property of the Society, to use as it deems fit.
6. In each competing school, the President of the school will be asked to select a member of the faculty to sponsor this contest. The sponsor will select from among the papers submitted the two best essays and mail them not later than January 29, 1940, to the President of the Society, who will in turn hand them to the judges.
7. A prize of \$50 will be awarded the winner of the contest, and the winner will be asked to read his paper at the annual meeting of the Society.

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- Ryan, W. Carson. *Mental Health through Education*. The Commonwealth Fund.

MENTAL HYGIENE AND THE UNITED STATES OFFICE
OF EDUCATION

ELISE H. MARTENS

Senior Specialist in the Education of Exceptional Children

The United States Office of Education, in the Federal Security Agency, is actively interested in all phases of education for mental health and security. Its services to schools include consultative activities in the field of mental hygiene, and its publications include those relating to problems and programs of clinical service and curriculum adjustment through the schools. One of its most recent publications deals with "Clinical Organization for Child Guidance within the Schools."*

In the field of educational adjustments for exceptional children of various types, the Office carries on extensive field and advisory service, conferences, and research studies. Two of the most recent reports issued in this general field are: "Hospital Schools in the United States" (Bulletin 1938, No. 17) and "Residential Schools for Handicapped Children."* The objective of the Office is to assist local school systems, residential schools, and State departments of education to develop constructive programs suited to the needs of children who deviate seriously from normal in mental, physical, or emotional characteristics. Such programs it considers a very vital part of mental hygiene measures in the schools.

*In press at date of writing this.

EDITORIAL COMMENT

ACKNOWLEDGMENTS

Many have coöperated in the publication of this, the *Third Yearbook* of the Texas Society for Mental Hygiene. Dean T. H. Shelby, of the Division of Extension of The University of Texas, has kindly continued the arrangement by which the *Yearbook* is published as a *Bulletin* of the University, thus furthering both the educational service of the University and the purposes of the Society. Dr. Paul L. White, President of the Society, has contributed "Psychiatric Facts," the announcement of the essay contest, and a paper for publication, and has assisted in various other ways. The Secretary, Dr. Evelyn M. Carrington, has provided a list of the members and committees and the minutes of the last annual meeting. Some, whose names appear with their respective papers, have contributed articles. Others have helped in one way or another. To all of these I wish to express my sincere thanks.

With the publication of the *Yearbook* the responsibility for its use in promoting mental hygiene passes to the membership of the Society. Neat little booklets lying on the shelves of a storeroom or resting unopened on library shelves will not accomplish the purposes of the Society. An effort will be made to place one copy in the hands of each member. Others may be had at a small cost. In anticipation of a wider distribution a larger edition than usual has been printed. Will not each member, then, take the responsibility of placing the booklet in the hands of thoughtful people in his own community? With the *Yearbook* as a source of material why not arrange a club program on mental hygiene?

H. T. MANUEL, *Editor*.

WHAT CAN YOU DO?

It is a fair assumption that every member of the Texas Society for Mental Hygiene is in the organization because of his or her interest in mental hygiene. The membership is not large, and there has been no very vigorous campaign to gain popular support. It is an organization composed of persons who believe in a great cause. It has, therefore, great potential power if the energies of each individual can be harnessed to some definite task.

No one need be idle for want of a job. There is much that each can do. Of course, there is always the possibility of paying one's membership fees and of helping to add new members, but I am not thinking so much now of these activities. These are important, for an organization must first be able to maintain itself in a healthy state, but the membership of an organization of this kind has other duties as well. Individual members can and should contribute directly to the cause for which the organization as a whole stands. A few of the possibilities will be discussed in the paragraphs that follow.

One of the most obvious contributions can be made by becoming to a certain extent an example of the laws of mental health in one's own life. There is proverbially great power in example—much more, it is said, than in precept. It will be reassuring to others if they find that those who talk about mental health are practicing what they teach. If they, however, exhibit temper tantrums, emotional instability, constant worries, long depressions, unfounded suspicions, and general unhappiness—if they are clearly maladjusted in their own family and social life, they will not inspire much confidence in the cause which they represent.

The example of the individual means more than achieving a satisfactory adjustment of one's own emotional life. It means also the practicing of precepts of mental hygiene in relation to others. Just as a member of an anti-tuberculosis society might be expected to keep the rules of sanitation and health relative to the control of tuberculosis, so the member of a mental hygiene society should be expected to help maintain conditions favorable to mental health. If alcohol and drugs, for example, are unfavorable to mental health, the mental hygiene advocate should be an enemy of alcohol and drugs. If extreme poverty undermines security, the mental hygienist should be an enemy of poverty. If playgrounds and parks help in the development of strong personalities, he should be a friend of playgrounds and parks. So the list might grow indefinitely, for one of the fundamental attacks upon mental illness is to remove from society hazards that are unnecessary and to strengthen the conditions that favor healthful activities.

The preceding discussion leads to the observation that much of the best work of individual members of the society in behalf of mental hygiene will be done quite apart from the Society itself in

the activities and associations of daily life. The teacher, the legislator, the employer, the parent, the member of a civic organization, and so on, will carry the program of mental hygiene right into his daily contacts. The Society is a center for information, inspiration, and coördination of effort in projects which need wide participation, but the battle for mental hygiene will be won only when it is carried forward on many fronts in the situations in which individual members find themselves.

So much for a few general principles: let us now turn to a consideration of certain objectives which require coördination of effort and in which each individual may have a part. One such objective which comes readily to mind is the improvement of hospital facilities for the treatment of mental diseases. It is true that in the last twenty-five years great strides have been made toward making hospitals out of asylums, but much has yet to be done. In public hospitals generally both staff and facilities are below the urgent needs. The people need to know that. It is your task to tell them.

Another objective of perhaps even greater importance is the establishment of proper clinical services in mental hygiene throughout the State. In general, people are not aware of this need and of the way in which it may be met. It is your task to tell them.

In another part of this *Yearbook* the Visiting-Teacher Bill is discussed. This is an important step in the provision of mental hygiene facilities for school children. It is safe to say, however, that few Texans even know of such a bill. Many parents and even many teachers are unaware of the nature and value of the services which visiting teachers and school psychologists are prepared to give. It is your duty to tell them. If you want this bill passed in the next Legislature, the way is clear—and now is the time to do the foundation work.

Incidentally, it is not too early to inquire whether the school children of your own community have an adequate diagnostic and clinical service. If not, here also is a job awaiting your wisdom and zeal.

If you really want a job, these and other possibilities lie before you.

THE TEXAS SOCIETY FOR MENTAL HYGIENE
PROCEEDINGS OF THE SIXTH ANNUAL MEETING*

EVELYN M. CARRINGTON, *Secretary*

MORNING SESSION

The sixth annual convention of the Texas Society for Mental Hygiene opened at 10 o'clock, April 19, 1939, at the Lamar Hotel, President A. Hauser in the chair. In the absence of Mr. James S. Allen, Dr. Evelyn M. Carrington served as secretary *pro tem*.

The minutes of the fifth annual meeting of the Society were read, corrected, and approved. Minutes of a meeting of the Board of Directors in Austin on September 18, 1938, were read, corrected, and approved.

Dr. Wilmer L. Allison, treasurer, reported a balance of \$34.44 on May 2, 1938, and collections since that time of \$169.50, bringing the total to \$203.94. Expenditures amounted to \$130.46. The balance on hand on April 19, 1939, was \$73.48.

Dr. A. Hauser announced that no membership chairman had been appointed when Dr. Evelyn M. Carrington was unable to serve. Dr. Paul White, Chairman, Committee on Mental Hygiene Clinics, reported that the two major clinics in Texas were doing excellent work, the Houston clinic recently adding services for adults and changing its name to the Bureau of Mental Hygiene; the proposed clinic at San Antonio was not yet established; and that there was a clinic in El Paso. No reports were presented by the Committee on Professional Education, the Committee on Legislation, the Committee on Mental Hygiene in the Church, and the Committee on Publicity. Miss Sadie Aaron, Chairman, Committee on Mental Hygiene in Schools, had not been notified of her appointment and consequently had no report to present. She stated, however, that she had served as chairman of mental hygiene in P. T. A. work.

Dr. H. T. Manuel, Editor of the Yearbook, reported that through the coöperation of the Division of Extension of The University of

*Papers presented at the annual meeting and discussions of the papers, so far as available, are printed elsewhere in the *Yearbook*. This report of proceedings is printed with a few editorial changes from the minutes provided by the Secretary.—ED.

Texas, the Second Yearbook, entitled "Mental Hygiene in Action," had been published at a cost of \$87.77 and distributed to all members holding 1938 memberships. A motion was made by Dr. Spivak that a yearbook be published this year if the Executive Committee thought this financially possible. The motion was seconded and carried.

An informal discussion of the advisability of a membership campaign was opened by Dr. A. Hauser. Dr. Spivak moved that the incoming president appoint interested persons in various sections of the State to solicit new members and to make a survey of mental hygiene facilities in their areas. The motion, seconded by Dr. Allison, carried.

Dr. M. S. Wheeler read the report of the nominating committee which was adopted. The Society then elected members of the Board of Directors. (See list of officers and directors printed elsewhere in the *Yearbook*.—Ed.)

Dr. Carrington asked that the offices of secretary and treasurer be more clearly separated, the treasurer handling all business attached to the collection of dues, banking, and payment of bills.

Dr. White moved that the Society express its appreciation of the services of Dr. Hauser as president. The motion was seconded and unanimously carried. Dr. Hauser moved that the Society thank Miss Henry and her committee for their help in making local arrangements for the meeting. The motion carried. Motions expressing appreciation of the excellent work done by Rev. James S. Allen as secretary of the Society; of the work of Dr. H. T. Manuel as editor of the *Yearbook*; and of the National Committee for Mental Hygiene in sending Dr. George S. Stevenson to the Houston meeting were carried.

The Society adjourned until the luncheon meeting.

LUNCHEON SESSION

Approximately fifty members of the Texas Society for Mental Hygiene met for luncheon in the Spanish Dining Room of the Lamar Hotel. At the close of the luncheon Dr. A. Hauser introduced the newly elected members of the Executive Committee. Identification roll call followed after which the Society adjourned until the afternoon session.

AFTERNOON SESSION

At half past two o'clock at the Lamar Hotel Dr. A. Hauser opened the afternoon session. Mr. Perry Hall, Assistant Superintendent of the Family Service Bureau of Houston, presented a paper on "Mental Hygiene in Modern Living." His paper was discussed by Dr. Paul White and Dr. James P. Molloy. All three speakers emphasized the necessity of building more livable communities so that fewer people would need patching-up service in any form from medical and psychiatric treatment to casework treatment.

Dr. L. R. Brown, Superintendent of the Galveston State Psychopathic Hospital, spoke on "Mental Hygiene Needs of Texas." He stressed the fact that mental hygiene is not only preventive but curative in the cases of those already broken. Dr. H. T. Manuel, Mrs. Violet S. Greenhill, and Mr. Carl Basland discussed Dr. Brown's address and added pertinent remarks. According to these speakers, the mental hygiene needs of Texas include: clinics for both rural and urban children; better adjusted, more understanding, and better trained teachers in the public schools; greater emphasis on psychiatry in medical colleges; facilities for handling cases discharged from mental hospitals; a better commitment law for psychotic cases; legislation permitting the employment of visiting teachers and/or school psychologists in State supported schools; more vocational guidance; larger appropriations for the work of State hospitals; more classification work with delinquents and criminals; educating the public to the needs of penal institutions and their inmates; and more adult probation.

The meeting adjourned until the evening session.

EVENING SESSION

Dr. A. Hauser opened the evening session of the Texas Society for Mental Hygiene at a quarter past eight o'clock at the Lamar Hotel with considerably more than one hundred persons present.

Dr. Hauser introduced Dr. Titus H. Harris, Professor of Neurology and Psychiatry at The University of Texas Medical School, who in turn presented the guest speaker, Dr. George S. Stevenson. Dr. Stevenson, who for many years was Director of the Division of Community Clinics and School Studies, and is now Medical Director, National Committee for Mental Hygiene, spoke on "Mental Hygiene in the Future." After reviewing the part played by Texas in the

development of child guidance clinics, he pointed out some of the things that might come to pass. Among these were: better techniques for giving remedial work and handling delinquent children; better programs for personal and professional growth of psychiatrists in service; improved facilities to care for the discharged patient; wider appreciation of the need of treating causes and not symptoms; recognition by teacher training institutions that personality that invites confidence is a *sine qua non* in good teachers; better methods for handling the chronically dependent; more intensive study of causes underlying success and failure with special emphasis on health, recreational, and affective factors; more research on the growth curve of personality; a greater appreciation of individual differences through a microscopic examination of children; and the provision of better hospital service and follow-up work for the rural as well as the urban population. Dr. Stevenson stated this was no one man's job. He suggested that the officers of the Texas Society for Mental Hygiene appoint a series of committees to further the work and that one problem be attacked at a time. In conclusion he said that everything done opens up further avenues for progress.

The meeting adjourned.

CONSTITUTION AND BY-LAWS
THE TEXAS SOCIETY FOR MENTAL HYGIENE

ARTICLE I

Name

SECTION 1. The name of this society shall be The Texas Society for Mental Hygiene.

ARTICLE II

Purpose

SECTION 1. The general purpose of this society shall be to work for the promotion, conservation, and restoration of the mental health of the people of this state.

SEC. 2. The specific purposes of this society shall be:

(1) *Education*.—To promote the study of the conditions that contribute to wholesome mental activity, and to spread the knowledge of the conditions that foster normal mental development and health. To obtain and disseminate information as to the nature, origin, and effects of mental disease and mental defect, and the mental elements in anti- and asocial behavior. To encourage the recognition of the prevalence of these defects in the community, of their relation to other social problems in the community, and the spread of the knowledge of effective methods of combating them.

(2) *Constructive Service*.—The promotion of facilities for the prevention, diagnosis, treatment, and care of individuals whose behavior or personality difficulties lie within the field of mental hygiene. The encouragement of any necessary legislation to achievement of these ends.

(3) *Professional Training*.—To encourage and promote the inclusion of the principles of mental hygiene in the professional preparation of doctors, teachers, nurses, social workers and other professional groups whose work necessitates their dealing with problems of mental hygiene.

(4) Such other specific purposes as the society may adopt from time to time provided they fall within the general purpose of this organization.

ARTICLE III

Amendment of the Constitution

SECTION 1. This constitution may be amended by a two-thirds vote of members present and voting at any regular or special meeting of the Society, or by referendum provided such an amendment has been submitted to the membership thirty days in advance.

BY-LAWS
OF THE TEXAS SOCIETY FOR MENTAL HYGIENE

ARTICLE I

Membership

SECTION 1. This society shall consist of members who shall be persons interested in the purpose of the society, and who shall have paid an annual membership fee of one of the following classes:

- (a) Regular member, \$1.00.
- (b) Sustaining member, \$5.00.
- (c) Contributing member, \$25.00-\$50.00.

SEC. 2. *Honorary Members.*—Any person who has rendered distinguished service in the cause advocated by this Society, may be elected to Honorary Membership by a majority vote of those present at any regular meeting of the Board of Directors.

ARTICLE II

Directors and Officers

SECTION 1. *Board of Directors.*—The Board of Directors shall include twenty-four or more Directors who shall be chosen to represent the following geographical and educational interests:

(a) The following general areas in Texas shall be represented by one or more members on the Board: North Texas, Central Texas, East Texas, South Texas, and West Texas.

(b) The following educational or professional interests shall be represented by one or more members on the Board of Directors; psychiatry, adult education, social work, elementary and higher education, general medicine, law, the church, and the lay public.

SEC. 2. *Officers.*—The officers of the Board of Directors shall consist of a President, First Vice-President, Second Vice-President, Secretary, and Treasurer, whose duties shall be the customary duties of those offices.

SEC. 3. *Executive Committee.*—The Executive Committee shall consist of the officers and two other members of the Board of Directors.

ARTICLE III

Duties

SECTION 1. The care, management and control of the affairs of the Society shall be under the charge and direction of the Board of Directors subject to the will of the Society.

SEC. 2. Subject to the final approval of the Board of Directors, the Executive Committee is empowered to conduct any of the affairs of the Society that are delegated to the Board of Directors.

SEC. 3. The Executive Committee shall report to the Board of Directors at each meeting.

SEC. 4. The Board of Directors shall report to the Society at each annual meeting.

SEC. 5. The Board of Directors may elect directors to fill unexpired vacancies on the Board; shall appoint and discharge committees; receive their reports; may appoint or discharge a full-time executive officer, if the finances and affairs of the Society warrant such appointment or discharge; determine the duties of the officers and employees of the Society; may call special meetings of the Board or the Society, provided a notice of one week has been given to members of the Board, and two weeks' notice to the members of the Society; shall adopt procedures to carry out the purpose of the Society.

SEC. 6. The Executive Committee may call special meetings provided notice of one week is given to members.

SEC. 7. The Board of Directors shall appoint the following standing committees, the chairmen of which shall be members of the Board of Directors: Publicity Committee, Membership Committee, Committee on Adult Education, Committee on Standards of Care in Mental Hospitals, Committee on Mental Hygiene Clinics, Committee on Professional Education, Legislative Committee, Committee on Mental Hygiene in the Church, and Committee on Mental Hygiene in the Schools.

SEC. 8. The Board of Directors may appoint special committees whose members may or may not be members of the Board of Directors.

ARTICLE IV

Meetings

SECTION 1. The Annual Meeting of the Society shall be held at such time and place as may be fixed by the Executive Committee, at which time the Society shall hear the report of the Board of Directors, and elect a Board of Directors and officers for the succeeding year.

SEC. 2. The Board of Directors shall meet immediately after the Annual Meeting and elect other members of the Executive Committee. It shall determine the time and place of its meetings which shall be once in four months for the Board of Directors, and bimonthly for the Executive Committee.

SEC. 3. Eleven members shall form a quorum of the Board of Directors and five members shall form a quorum of the Executive Committee.

SEC. 4. The Executive Committee shall arrange for the program to be given at the annual meeting of the Society.

ARTICLE V

Amendments

SECTION 1. The By-Laws may be amended by two-thirds vote of the members present and voting at any regular or special meeting of the Society, or they may be amended by the Board of Directors, provided such an amendment has been submitted in writing at a previous meeting and notice given to all the members of the Board.

BOARD OF DIRECTORS

AUSTIN	GALVESTON
Mrs. Violet S. Greenhill	L. R. Brown, M.D.
Mrs. R. D. Henderson	Titus H. Harris, M.D.
H. T. Manuel	HOUSTON
Mrs. Noyes D. Smith	Sadie Aaron
W. A. Stigler	A. Hauser, M.D.
Paul White, M.D.	E. E. Oberholtzer
CORPUS CHRISTI	James P. Molloy, M.D.
Clyde T. Reed	HUNTSVILLE
DALLAS	Evelyn M. Carrington
Eugene Aten, M.D.	LUBBOCK
Rabbi David Lefkowitz	Bonnie K. Dysart
E. M. Perry, M.D.	MARLIN
H. L. Pritchett	N. D. Buie, M.D.
A. J. Schwenkenberg, M.D.	PATTONVILLE
Elmer Scott	T. W. Buford, M.D.
J. Shirley Sweeney, M.D.	RUSK
Guy F. Witt, M.D.	M. S. Wheeler, M.D.
EL PASO	SANTA ANNA
R. R. Jones	T. Richard Sealey, M.D.
Edward M. Pooley	TYLER
FORT WORTH	S. Pledger Burke
Wilmer L. Allison, M.D.	

COMMITTEES

<i>Mental Hygiene Clinics</i>	<i>Mental Hygiene in Education</i>
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Lewis Barbato, M.D., Galveston	<i>Membership</i>
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<i>Legislation</i>	Members of Executive Committee and others
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H. T. Manuel, Austin	M. S. Wheeler, M.D., Rusk
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Mrs. R. D. Henderson, Austin	Mrs. Rebecca Nelson, Tyler
Edward M. Pooley, El Paso	

Essay Contest, 1939-40

P. L. White, M.D., Austin
 Evelyn M. Carrington, Huntsville

Yearbook, 1939

H. T. Manuel, Austin
 Wilmer L. Allison, M.D., Fort Worth
 Paul L. White, M.D., Austin

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October 18, 1939

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*This list includes some persons who were delinquent in payment of dues and possibly a few who are no longer interested in membership in the Society. It is likely also that there are errors of one kind or another. Members of the Society are requested to assist the Secretary, Dr. Evelyn M. Carrington, Sam Houston State Teachers College, Huntsville, in revising and correcting the list.

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Fred Joseph	Clothilde Moller
W. R. Swanson	ADDRESSES UNKNOWN
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MEMBERSHIP

An invitation to membership in the Texas Society for Mental Hygiene is extended to all who believe in the purpose of the Society as set forth in the constitution (see page 36). It is certain that the next few years will be important ones in the development of a program of mental health in Texas. Your coöperation is needed.

The form on the next page is printed for the convenience of those who wish to apply for membership, to pay dues, or to order additional copies of this *Yearbook*.

(Date) _____

THE SECRETARY
TEXAS SOCIETY FOR MENTAL HYGIENE
HUNTSVILLE, TEXAS

DEAR SECRETARY:

- _____ (1) Please enroll me as a new member of the Texas Society for Mental Hygiene. A check for dues is inclosed.
- _____ (2) Already a member of the Texas Society for Mental Hygiene, I hand you herewith my dues for the current year.
- _____ (3) Please send me _____ additional copies of this *Yearbook*. (See page 2.) My check is inclosed.

Yours very truly,

(Name) _____

(Position) _____

(Address) _____

Inclosed:

\$_____ for dues. (See page 37.)

\$_____ for additional *Yearbooks*. (See page 2.)

PSYCHIATRIC FACTS

1. There are in Texas seven State Hospitals for the mentally ill.
2. On September 1, 1939, patient census in these hospitals totaled 14,517.
3. There were on this same date 412 mentally ill patients confined in Texas jails, not because they are criminals but because there is no available space in the State hospitals where they may be sent for treatment.
4. Our State hospitals are under-staffed, and such staffs as they maintain are underpaid. The patient load per physician should not exceed 150 patients. In Texas State hospitals the patient load is estimated at 325 patients per physician.
5. The State of Texas spends \$195.00 yearly, or 53 cents daily on the care of each patient.
6. Calculations made upon the basis of the present incidence of mental diseases show that 1 of every 24 children born in Texas this year will eventually enter a hospital for the treatment of some mental disorder.
7. Many types of mental illness, however, are preventable with proper early diagnosis and treatment, and 40 per cent of all mental cases either completely recover or improve under proper treatment.

